

Temp. TRUST water (Donation)  
PROGRESS SET - APPLICATION FOR CHANGE TRANSFER

NAME: City of Olympia  
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Olympia wa 98507

WRIA 11

APP. NO.	PERMIT NO.	CERT. NO. 4436	CERT. OF CHANGE NO(S)
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COUNTY Thurston

WRATS No. ~~CS-5WK 4436~~  
CS2-SWK 4436

PURPOSE OF APPLICATION: Donation to Trust

Date Application received: 7/10/08

Date fee received:

Amount:

Statement of additional exam. fee: \$

Sent:

Rec'd:

Returned for completion or correction:

Received

PUBLICATION:

Newspaper:

OK'd by:

Date Notice Sent

Date Affidavit received:

Time expires:

Checked by:

Date:

Protests:

by:

by:

by:

FIELD EXAMINATION REQUIRED:

YES ( )

NO ( )

expired

Examination made:

By:

10/1/10

Date OK'd for CHANGE/TRANSFER:

by:

\*Statement of Fee Sent:

Fee Received:

Date CHANGE ROE ISSUED:

No.

\*Cert. Of Change ONLY

Application or request for copy received:

Date Fee received:

Amount:

Date approved & mailed to Board for processing:

Affidavit of Publication received:

Approved:

By:

Draft Record of Decision Received:

Reviewed by:

Modified Record of Decision mailed:

Final R.O.D. received:

45 day response period ends:

Date accepted/rejected: